

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	HOW DID YOU HEAR ABOUT US?		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START:	FULL TIME/PART TIME?	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF SO CAN WE CONTACT YOUR EMPLOYER?	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US?		EVER APPLIED TO THIS COMPANY BEFORE?	
ARE YOU OVER 18?		ARE YOU ABLE TO PICK UP BOXES OVER 70 POUNDS?	

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

CITY/STATE _____ CHARGE _____

PLEASE EXPLAIN

*CONVICTION OF A FELONY WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE			
TRADE/BUSINESS SCHOOL			

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

PREVIOUS MANAGERS/SUPERVISORS

NAME	PHONE NUMBER	NAME OF BUSINESS	YEARS KNOWN

AUTHORIZATION: "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment".

DATE: _____

SIGNATURE _____